

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	8-7-01
FORMALITY REVIEW	K.S.	1116	09/13/01
RESPONSE FORMALITY REVIEW	A.M.	58	01-11-02
	H.I.	1014	03/12/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7/21/01
2	7/21/01
3	7/21/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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